	Journal of Anesthesia and Critical Care Reports and Imaging (ANCRI)	**PATIENT INFORMATION AND CONSENT FORM FOR CASE REPORT PUBLICATION**

Title of the Case Report:

Patient Information

- **Patient's Name**:
- **Contact Information**:
  [Patient's Phone Number or Email Address (optional)]

Purpose of This Form

This form is designed to inform you about the use of your medical information, images, and case details for publication in a medical journal. Your participation is voluntary, and you have the right to withdraw your consent at any time before publication.

Information to Be Published

The following information may be included in the case report:

- Demographic details (age, gender, etc.).
- Medical history, clinical findings, and diagnostic process.
- Treatment approach and outcomes.
- Images, such as radiological scans, pathology slides, or photographs (with all identifiable features removed unless explicitly consented).

Confidentiality

- Your personal identity will not be disclosed in the publication.
- Any identifiable information (e.g., name, face, or unique features) will be removed or anonymized.
- Your data will be used solely for educational and scientific purposes.

Consent

By signing this form, you confirm that:

1. You have read and understood the information provided above.
2. You voluntarily agree to the use of your medical information and images for publication.
3. You understand that your identity will remain confidential.
4. You have the right to withdraw your consent at any time before publication.

Patient Declaration

- **I, hereby consent to the publication of my medical information and images in the case report in ANCRI.**
- **I understand that my identity will remain confidential, and I have the right to withdraw my consent at any time before publication.**

Patient's Signature: _____**Date**: _____